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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/852,207	
	Filing Date	May 9, 2001	
	First Named Inventor	Robert W. Balliett	
	Group Art Unit	1754	
	Examiner Name	N/A	
Total Number of Pages in This Submission		Attorney Docket Number	6160-1P59B

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declarations (2) Power of Attorney Post Card

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kathryn E. Noll 48,811
Signature	<i>Kathryn E. Noll</i>
Date	<i>Sept 24, 2001</i>

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: September 24, 2001			
Typed or printed name	Kathryn E. Noll		
Signature	<i>Kathryn E. Noll</i>	Date	<i>Sept 24, 2001</i>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/852,207</td> </tr> <tr> <td>Filing Date</td> <td>May 9, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Robert W. Balliett</td> </tr> <tr> <td>Examiner Name</td> <td>N/A</td> </tr> <tr> <td>Group / Art Unit</td> <td>1754</td> </tr> <tr> <td>Attorney Docket No.</td> <td>06160-1-P59B</td> </tr> </table>		Application Number	09/852,207	Filing Date	May 9, 2001	First Named Inventor	Robert W. Balliett	Examiner Name	N/A	Group / Art Unit	1754	Attorney Docket No.	06160-1-P59B
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TOTAL AMOUNT OF PAYMENT	(\$)	40													

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-2410 Order No.:06160-1-P59B</p> <p>Deposit Account Name: Perkins, Smith & Cohen</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <p style="text-align: center;">FEE CALCULATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">1. BASIC FILING FEE</th> </tr> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; text-align: center;">(\$ 0)</td> </tr> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">-20</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">-3</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">80</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;"></td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; text-align: center;">(\$ 0)</td> </tr> </table>	1. BASIC FILING FEE						Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$ 0)	Total Claims	-20	=	0	X	18	=	0	Independent Claims	-3	=	0	X	80	=	0	Multiple Dependent	0	X		=	0			Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 0)	<p>3. 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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Kathryn E. Noll	Registration No. Attorney/Agent	48,811	Telephone	617-854-4000
Signature				Date	September 24, 2001

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Attorney Docket No. 06160-1P59B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robert W. Balliett, et al. Examiner: Unknown
Serial Number: 09/852,207 Art Group: 1754
Filed: May 9, 2001 Confirmation No.: 3853
Att'y Docket No. 06160-1P59B
For: PRODUCTION OF PURE MOLYBDENUM OXIDE FROM
LOW GRADE MOLYBDENITE CONCENTRATES

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231 on Sept. 24, 2001.

By: Kathryn E. Noll
KATHRYN E. NOLL
Reg. No. 48,811
Attorney for Applicant

Perkins, Smith & Cohen, LLP
One Beacon Street, 30th Floor
Boston, MA 02108-3106

To: Assistant Commissioner of Patents
Washington, D.C. 20231

**SUBMISSION OF DECLARATION, POWER OF ATTORNEY AND
ASSIGNMENT**

Sir:

Enclosed please find a signed declaration, power of attorney, and assignment for Lawrence McHugh and a signed declaration for Harry H.K. Nauta for the above-identified application. The other five inventors have already signed the declaration submitted with the initial filing of this application. It was only recently discovered that Lawrence McHugh and Harry H.K. Nauta had not signed the enclosed documents.

Please charge any underpayment of fees to or credit any overpayment of fees to Deposit Account No. 03-2410, order 06160-1P59B.

In accordance with Section 714.01 of the M.P.E.P., the following information is presented in the event that a call may be deemed desirable by the Examiner:

Kathryn E. Noll

(617) 854-4000

Respectfully submitted,

Robert W. Balliett, et al.
Applicants

Dated: Sept. 24, 2001

By:

Kathryn E. Noll
KATHRYN E. NOLL
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